

OWEN COUNTY PARK AND RECREATION  
YOUTH BASKETBALL AND CHEERLEADING  
2012-2013 REGISTRATION FORM



**Official Use Only**

Date: \_\_\_\_\_

Facility Member: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Height: \_\_\_\_\_ Yrs. Of Experience \_\_\_\_\_  
Emergency Contact if Parent/Guardian can not be reached: Name \_\_\_\_\_ Phone: \_\_\_\_\_

My child will participate in (please circle one): BASKETBALL CHEERLEADING

Grade (please circle one): K 1 2 3 4 5 6 7 8

T-Shirt size (please circle one): YS YM YL AS AM AXL AXXL

TOTAL COST PER CHILD: \$45.00 (includes t-shirt) MAXIMUM COST PER F FAMILY: \$100.00

Parent interested in volunteering: \_\_\_\_\_ Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_

**CONSENT FOR EMERGENCY TREATMENT** in the event I cannot be contacted in a medical emergency involving my child, I authorize the Owen County Park and Recreation to consent to all emergency medical care proceedings to be rendered by a duly licensed health care provider or physician. I understand that the Owen County Park and Recreation does not provide insurance coverage for the above listed program participant and that I am responsible for my child's own personal insurance coverage. This care may be given under whatever

I agree that the Owen County Park and Recreation shall not be responsible for any personal injuries or losses sustained by me or my registered child while on any premises, or as a result of any Owen County Park and Recreation sponsored activities. I further agree to indemnify and save harmless the Owen County Park and Recreation from any claims or demands arising out of any such injuries or losses.

Proof of insurance must be provided: Policy # \_\_\_\_\_ Company \_\_\_\_\_

I understand that the fee must accompany the registration form for my child to be placed on a team.

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please remit all applications/payments to the address below .

**DEADLINE NOVEMBER 15,2012**

Owen County Parks and Recreation  
100 North Thomas St  
Owenton, Ky. 40359